

**Required Documentation: Autism Spectrum Disorder Applicants**

<p>Psychological assessment(s) conducted by a licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry that contains a <b>standardized Autism Spectrum Disorder diagnostic assessment</b> of the applicant, such as:</p> <ul style="list-style-type: none"> <li>• <b>Gilliam Autism Rating Scale (GARS)</b></li> <li>• <b>Childhood Autism Rating Scale (CARS)</b></li> <li>• <b>Autism Diagnostic Observation Schedule (ADOS)</b></li> <li>• <b>Autism Spectrum Rating Scales (ASRS)</b></li> </ul>	
<p>Psychological assessment(s) conducted by a licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry that contains a <b>standardized assessment of the applicant’s adaptive functioning (Adaptive Functioning assessment)</b></p> <ul style="list-style-type: none"> <li>• The two types of adaptive assessments that can be used for determining eligibility are the <b>Vineland Adaptive Behavioral Scale (VABS-3)</b> and the <b>Adaptive Behavioral Assessment System (ABAS-3)</b></li> </ul>	
<p>Other pertinent psychiatric, medical, or school applicant records.</p>	
<p>Information that describes the applicant’s current situation, challenges and social/emotional conditions.</p>	
<p>Signed HIPAA Notice of Privacy Practices</p>	
<p>Signed Authorization for Use/Disclosure of Health Information for the Bureau of Supports for Autism and Special Populations (BSASP)</p>	
<p>Copy of the applicant’s Birth Certificate</p>	
<p>Copy of applicant’s Social Security Card*</p>	
<p>A copy of each of the applicant’s Health Insurance cards (including Medical Assistance, Medicare and third party insurance)</p>	
<p>Applicant Power of Attorney or Guardianship paperwork, if applicable</p>	
<p>Proof of applicant’s Immigration Status (if applicable)</p>	
<p>In addition, a current <i>Annual Physical Examination Form</i> may be required during the intake process, in order to document a physician’s recommendation of the applicant’s need for ICF/ORC level of care.</p> <p>(This form will be sent to the applicant if it’s needed, and it will then need to be submitted back to our office for review)</p>	